10/21/2014 15 : 57

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corporation	٦
ENVIRONMENTAL DEFENSE ACTION FUND	
(b) Address (number and street) check if different than previously reported 1875 CONNECTICUT AVE NW # 600	
(c) City, State and ZIP Code	
WASHINGTON DC 20009	3. FEC Identification Number
	C C90014895
Occupation and Name of Employer (for Individual Filers Only)	
4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on 5. COVERING PERIOD: FROM 10 20 / 2014	M / D D / Y Y Y Y
THROUGH 11 04 2014 6. TOTAL CONTRIBUTIONS	.00 95633.50 , or concert with, or at the request or suggestion
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE [Eld.	DATE ectronically Filed]
Joseph Bonfiglio III Joseph Bonfiglio III	10/21/2014
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to	

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

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SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2 FOR LINE 7 OF FORM 5

AME OF FILER (In Full) ENVIRONMENTAL DEFENSE ACTION FUND	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
SKDKnickerbocker LLC	M = M / D = D / Y = Y = Y = Y
Mailing Address 1150 18th St. NW, #800	10 20 2014
	Amount
City State Zip Code Washington DC 20036	95633.50 Transaction ID : F57.000001
Purpose of Expenditure Category/ Type 00	Office Sought: House State: TX Senate District: 23
Name of Federal Candidate Supported or Opposed by Expenditure: Pete Gallego	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination	
Mailing Address	M = M / D = D / Y = Y = Y
	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination
Mailing Address	M = M / D = D / Y = Y = Y
Walling Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:
	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	95633.50